ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF:	
DEFENDANT:	
EMPLOYEE:	CACE NUMBER.
DROOF OF BERCONAL CERVICE (W. L. L. V. L. L. V.	CASE NUMBER:
PROOF OF PERSONAL SERVICE (Workplace Violence)	
Instructions to Plaintiff: After having the other party served with any of the documents identified in item 2, have the person who served the documents complete this Proof of Personal Service. Give the completed Proof of Personal Service to the clerk for filing. The plaintiff cannot serve these papers.	
1. At the time of service I was at least 18 years of age and not a party to this legal action.	
 2. I served a copy of the following documents (check the box before the title of each document you served): a. Order to Show Cause (Workplace Violence) (form WV-120) and Temporary Restraining Order (CLETS) (form WV-120) b Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee (form WV-100) c. Application for Temporary Restraining Order (form WV-100) d. blank Response to Petition of Employer for Injunction Prohibiting Violence or Threats of Violence Against Employee (form WV-110) e. Proof of Service of Completed Response (form WV-131). f. Order After Hearing on Petition for Injunction Prohibiting Violence or Threats of Violence Against Employee (form WV-140) g. other (specify): 	
3. Person served (name):	
4. By personally delivering copies to the person served, as follows:a. Date:b. Time:c. Address:	
5. My residence or business address is (specify):	
6. My telephone number is (specify):	
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date:	
)	
	(SIGNATURE)